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**INFORMATIONAL LETTER #2002-8**

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**DATE:** April 2, 2002

**TO:** ALL IDAHO SKILLED NURSING FACILITIES AND NURSING FACILITIES

**FROM:** DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

**SUBJECT:** **DENTAL SERVICES FOR MEDICAID CLIENTS**

During the 2002 legislative session Medicaid coverage for dental services was reduced. Effective April 1, 2002, Medicaid will not cover routine dental services for adult clients. This change has raised concern that certified SNF/NFs might be found out of compliance with federal regulations. The intent of this letter is to clarify the facility's responsibilities related to dental care and outline what facilities must do to comply with federal regulations.

The regulations addressing dental services are found at 42 CFR 483.55, F411 and F412. The Guidance to Surveyors states:

For Medicare and private pay residents, facilities are responsible for having the services available, but they may impose an additional charge for the services.

For all residents of the facility, if they are unable to pay for needed dental services, **the facility should attempt to find alternative funding sources or alternative service delivery systems so that the resident is able to maintain his/her highest practicable level of well-being.**

For Medicaid residents, the facility must provide the resident, without charge, all emergency dental services, as well as **those routine dental services that are covered under the State Plan.** (emphasis added)

Under the recently-enacted legislative intent language, routine services are not covered under the Idaho State Plan. Therefore for adult Medicaid recipients needing routine dental care, the facility must try to find an alternate funding source such as family, charity, church, or civic organization that will pay for the services. These efforts need to be documented in the resident's record. If no such donor can be found, the facility is not required to pay for the service.

If the resident has funds available in his or her resident trust account, these funds may be used for routine dental services as long as the resident or the resident's representative gives appropriate consent. In some unfortunate cases where no alternative funding can be found, the resident will go without the service.

The Guidance to Surveyors also provides these definitions:

“Routine dental services” means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.

“Emergency dental services” includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity, appropriately treated by a dentist that requires immediate attention.

It is likely that some residents who need dentures will not be able to get them. In these cases, the facility should assess the resident's need for a mechanically altered diet. When the texture is modified, the type of texture modification must be specific and part of the physician's order (F367). The texture modification should be included on the resident's care plan also.

If you have questions regarding this issue, please contact Loretta Todd or Diana Gassel, Long Term Care Supervisors, at 208/334-6626.

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*[original signed by Debby Ransom]*

DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

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cc: Idaho Health Care Association